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**[www.dekalbhousing.org](http://www.dekalbhousing.org)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

**Address:** \_\_\_\_\_

Phone Number:

City, State, Zip

**PURPOSE:**

The Housing Assistance Program is based on income. We are required by Federal law to verify three income of your employee listed above to determine eligibility for the Section 8 Housing Assistance Rental Program.

I hereby give consent for the employment verification information to be released as requested which is necessary for the determination of eligibility and level of housing rental assistance on my behalf.

**Client's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form to the person requesting this verification within **ten (10) days** from the date received. Your prompt response is greatly appreciated. (Thank you!)

Occupation: \_\_\_\_\_

Employed Since:

**SALARY:** Base rate of pay: \$\_\_\_\_\_per (please check one) ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly

\_\_\_\_\_

Average hours per week at Base Pay Rate: \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ or Worked per Year \_\_\_\_\_

Anticipated Salary during next 12 months: \$ \_\_\_\_\_

Regular number of Hours per week (if paid by the hour): \_\_\_\_\_ Overtime Pay Rate: \_\_\_\_\_

Number of hours per week (if paid by the hour): \_\_\_\_\_ Overtime Pay Rate: \_\_\_\_\_

Number of hours of overtime during the next 12 months: \_\_\_\_\_

Other compensation not included above (specify for commissions, bonuses, tips, etc.) \$

Per \_\_\_\_\_ for \_\_\_\_\_

If employed less than one year, list total amount of earned income to-date: \_\_\_\_\_

If no longer with your company, please give Date of Termination: \_\_\_\_\_

\_\_\_\_\_

Print Name of Person supplying information: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company/Firm: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Company Fax Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**MISSION:** *To provide sustainable and affordable housing as a platform to enhance lives.*